

2004

IDAHO SUPPLEMENTAL SCHEDULE

For Form 40, Resident Returns Only

FORM 39R TC39R041 8-30-04

For calendar year 2004, or fiscal year beginning _____, ending _____

Table with 2 columns: Name(s) as shown on return, Social Security Number

A. Additions. See instructions, page 20.

Table with 3 columns: Description, Line Number, Amount. Includes items like Federal net operating loss carryover, Capital loss carryover, etc.

B. Subtractions. See instructions, page 20.

Table with 3 columns: Description, Line Number, Amount. Includes items like Idaho net operating loss carryover, State income tax refund, etc.

Table with 5 columns: Year Acquired, Type of Device, Total Cost, Percent, Amount. Includes sub-items a, b, c, d.

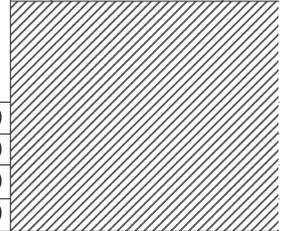


Table with 3 columns: Description, Line Number, Amount. Includes items like Child/dependent care, Social security and railroad benefits, Retirement benefits deduction, etc.

C. Retirement Benefits Deduction. See instructions, page 21, for qualified retirement benefits.

Table with 3 columns: Description, Line Number, Amount. Includes items like Single/married filing jointly, Federal Railroad Retirement benefits, Social Security benefits, etc.

Name(s) as shown on return	Social Security Number
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D. Credit for Income Tax Paid to Other States. See instructions, page 24.

1. Idaho tax, line 22, Form 40	1		00	Attach a copy of the income tax return and a separate Form 39R for each state for which a credit is claimed.	
2. Other state's adjusted income	2		00		
3. Idaho adjusted income from line 13, Form 40	3		00		
4. Divide line 2 by line 3. Enter percentage here.	4	%			
5. Multiply line 1 by line 4. Enter amount here.				5	00
6. Other state's tax due less its income tax credits				6	00
7. Enter the smaller of lines 5 or 6 here and on line 24, Form 40.				7	00

E. Maintaining a Home for a Family Member Age 65 or Older, or a Family Member With a Developmental Disability. See instructions, page 24.

1. Did you maintain a home for an immediate family member age 65 or older and provide more than one-half of his/her support? You and your spouse do not qualify. Yes No
2. Did you maintain a home for an immediate family member with a developmental disability and provide more than one-half of his/her support? You and your spouse may qualify. Yes No
If you answered YES to either question, complete lines 3 and 4.
3. List each family member you are claiming:

First Name	Name of Family Member Last Name	Social Security Number of Family Member	Relationship to Person Filing Return	Date of Birth of Family Member	Check here if developmentally disabled

4. Total amount claimed (\$100 for each qualifying member but not more than \$300). Enter on line 48, Form 40. (Credit cannot be claimed if you took \$1,000 deduction on Part B, line 14.)	4		00
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